



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Mitsuru OKIGAWA

Serial No: 10/773,088

Filed: February 5, 2004

For: SEMICONDUCTOR INTEGRATED DEVICE  
INCLUDING SUPPORT SUBSTRATE FASTENED  
USING RESIN, AND MANUFACTURING METHOD  
THEREOF

Art Unit: 2891

Examiner: Luan C. Thai

I hereby certify that this correspondence is  
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Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450, on  
October 20, 2005

Date of Deposit

John P. Scherlach, Reg. No. 23,009

Name

Signature

Date

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status has been claimed. See 37 CFR § 1.27.
- ☐ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

TOTAL HAS BEEN CALCULATED AS SHOWN BELOW:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	9	-20	20      **	0	LG=\$50 SM=\$25	\$50	\$    0
INDEPENDENT CLAIMS FEE	3	-3	3      ***	0	LG=\$200 SM=\$100	\$200	\$    0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$    0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS			\$    0
TOTAL							\$    0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ -0- to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$ -0- to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By: *John P. Scherlach*

John P. Scherlach

Registration No. 23,009

Attorney for Applicant(s)

Date: October 20, 2005

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Appl. No. 10/773,088  
Amdt. Dated October 20, 2005  
Reply to Office Action of August 24, 2005

Attorney Docket No. 81784.0301  
Customer No.: 26021



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  
Mitsuru OKIGAWA  
Serial No: 10/773,088  
Confirmation No.: 3288  
Filed: February 5, 2004  
For: SEMICONDUCTOR INTEGRATED  
DEVICE INCLUDING SUPPORT  
SUBSTRATE FASTENED USING  
RESIN, AND MANUFACTURING  
METHOD THEREOF

Art Unit: 2891  
Examiner: Luan C. Thai

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October 20, 2005

Date of Deposit

John P. Schenker, Reg. No. 23,009  
Name

*John P. Schenker* 10/20/05  
Signature Date

AMENDMENT

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of August 24, 2005, please amend the above-identified application as follows:

**Amendments** to the Claims are reflected in the Listing of Claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.